



OHIO COUNTY OCCUPATIONAL TAX ADMINISTRATOR NET PROFITS LICENSE FEE RETURN

For Office Use Only
Date Received:

CALENDAR / FISCAL YEAR ENDED

MONTH	DAY	YEAR
12	31	2006

DUE DATE

MONTH	DAY	YEAR
04	15	2007

OFFICE HOURS
8:00 - 4:00 CST

TELEPHONE
(270) 298-4410
FAX
(270) 298-4409

ACCOUNT NAME
CONTACT
1234 ANYSTREET
ANYTOWN KY 12345

Phone Number (270) -

Account No.

Federal ID No.

99999

INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

QUESTIONS (ANSWER IN FULL)

1. Nature of Business _____
2. Date Business Started in Ohio County _____
3. Date Business Discontinued in Ohio County _____
Dissolution ☐ Sale ☐ If by sale, give Name and Address of successor _____
4. Did you have employees in Ohio County? ☐ Yes ☐ No
5. Has Ohio County License Fee been withheld and remitted from subject employees? ☐ Yes ☐ No If no, attach explanation.
6. Basis upon which tax return is prepared ☐ Cash ☐ Accrual
7. Business Type: ☒ C-Corp ☐ S-Corp ☐ Partnership ☐ Sole-Prop.
☐ Fiduciary ☐ Other (Specify) _____
8. Has the IRS changed the Net Income as originally reported for any prior year?
☐ No ☐ Yes (Attach Schedule of Changes for each year)

SECTION A

**ENCLOSE COPY OF
APPLICABLE
FEDERAL RETURN
PLUS
ACCOMPANYING
SCHEDULES
AND / OR
STATEMENTS**

See extension instructions on back of form

**OHIO COUNTY OCCUPATIONAL TAX
ADMINISTRATOR
P.O. BOX 185
HARTFORD KY 42347**

1. NET Business Income per Federal Tax Return.....	1.	
2. ADD Items not Deductible (Line F, Section B below).....	2.	
3. TOTAL (Line 1 + Line 2).....	3.	
4. DEDUCT Items not subject (Line L, Section B below).....	4.	
5. ADJUSTED NET BUSINESS INCOME (Line 3 - Line 4).....	5.	
6. AVERAGE PERCENTAGE (Line D, Section C if applicable).....	6.	%
7. NET PROFITS subject to License Fee (Line 5 x Line 6).....	7.	
8. LICENSE FEE - 1.0000% of line 7.....	8.	
9. PENALTY - 10.00 % of line 8.....	9.	
10. INTEREST - 8.00 % per year (.67% per month of lines 8 + 9).....	10.	
11. TOTAL (Lines 8 + 9 + 10)....(No payment due if less than \$10.00).....	11.	
12. Less Estimate Paid with Extension.....	12.	
13. FARM LABOR DUE.....(at 1.00%).....	13.	
14. BALANCE DUE (Line 11 - Line 12 + Line 13) pay this amount.....	14.	
15. If estimate overpaid, please choose one of the following options:.....	15. Credit : <input type="checkbox"/> Refund: <input type="checkbox"/>	

SECTION B

NOTE: ADD / DEDUCT THOSE ITEMS BELOW WHICH ARE INCLUDED IN CALCULATING FEDERAL RETURN INCOME

ADD ITEMS NOT DEDUCTIBLE

- A. Federal & State taxes based on income
- B. Local taxes based on income
- C. Net operating Loss Deduction
- D. Capital Loss
- E. Guaranteed Payments to Partners
- F. TOTAL ADDITIONS (enter on line 2)

DEDUCT ITEMS NOT SUBJECT

- G. Interest on Corporate Bonds
- H. Interest on US government securities
- I. Royalties on Patents and Copyrights
- J. Dividends
- K. Net Capital Gain
- L. TOTAL DEDUCTIONS (enter on line 4)

SECTION C

BUSINESS ALLOCATION PERCENTAGE - DIVIDE OHIO COUNTY FACTOR BY COMPANY FACTOR

ALLOCATION FACTORS

	Total Ohio County	Total Company	Avg % - Ohio Co.
A. Total Gross Business Receipts			
B. Total Wages, Salaries and Other Personal Service			
C. Total Percents			
D. Average Percentage (Line C divided by number of percents (ex. 1 or 2)).....Enter on line 6			

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Taxpayer Signature _____

Phone _____

Date _____

Preparer Signature _____

Phone _____

Date _____

THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR

SCNP-A Rev. 1/1/2001